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is our business.

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REDACTED - FOR PUBLIC INSPECTION

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Greenbelt, Maryland 20770
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June 18, 2014

Accepted/Files

JUN 18 2014

Federal Communications Commission
Office of the Secretary

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Randolph Telephone Membership Corp.
Study Area Code 230496**

Dear Ms. Dortch:

On behalf of Randolph Telephone Membership Corp. ("Randolph"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹ Randolph seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.³

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd 0+3
List ABCDE

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.202(a).

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Accepted/Files

JUN 18 2014

Federal Communications Commission
Office of the Secretary

<010> Study Area Code 230496

<015> Study Area Name RANDOLPH MEMBERSHIP

<020> Program Year 2015

<030> Contact Name: Person USAC should contact with questions about this data Dee Lowe

<035> Contact Telephone Number: 3368797929 ext. Number of the person identified in data line <030>

<039> Contact Email Address: dlowe@rtelco.net Email of the person identified in data line <030>

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 300px;"></div> 230496nc510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 300px;"></div> 230496nc610.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)

<2005> (complete attached worksheet)

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)

<3005> (complete attached worksheet)

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5		
<111>	year plan" filed with the FCC?	(yes / no)	<input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

230496nc112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

~~See attached worksheet~~

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@telco.net
<810>	Reporting Carrier	Randolph Telephone Membership Corporation
<811>	Holding Company	
<812>	Operating Company	Randolph Telephone Membership Corporation

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

230496nc1210.pdf

Name of Attached Document

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	230496
<015> Study Area Name	RANDOLPH MEMBERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035> Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
(3023) Underlying information subjected to a review by an independent certified public accountant ☐
(3024) Underlying information subjected to an officer certification. ☐
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

230496nc3026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230496
<015> Study Area Name	RANDOLPH MEMBERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035> Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	230496
<015> Study Area Name	RANDOLPH MEMBERSHIP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035> Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Frankie L Cagle</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Frankie L Cagle
Name of Reporting Carrier:	RANDOLPH MEMBERSHIP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/10/2014
Printed name of Authorized Officer:	Frankie Cagle
Title or position of Authorized Officer:	CEO/GM
Telephone number of Authorized Officer:	3368797973 ext.
Study Area Code of Reporting Carrier:	230496 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	RANDOLPH MEMBERSHIP
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/10/2014
Printed name of Authorized Agent or Employee of Agent:	Amanda Molina
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	7705692105 ext.
Study Area Code of Reporting Carrier:	230496 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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RANDOLPH TELEPHONE MEMBERSHIP CORP. (SAC 230496)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

Randolph Telephone Membership Corporation's Demonstration of Complying with Applicable Service Quality Standards and Consumer Protection rules for voice and broadband services:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

Randolph Telephone Membership Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules for voice and broadband services. The Company is subject to consumer protection obligations under both federal and state law. The obligations for voice services include, but are not limited to, the following: jurisdiction of the North Carolina Rural Electrification Authority under N.C. Gen. Stat, Chap 117, for customer complaints.

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("*2005 ETC Order*").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

⁴ *Id.* at n. 72.

The obligations for broadband services include, but are not limited to, public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services as a means of providing sufficient information for consumers to make informed choices regarding use of such services and for content, application, service and device providers to develop, market, and maintain internet offerings, in accordance with F.C.C. 47 C.F.R. Part 8 §8.3.

Randolph Telephone Membership Corporation's Demonstration of Ability to Function in Emergency Situations for voice and broadband services:

Randolph Telephone Membership Corporation ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and N.C. Gen. Stat. § 62A. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites.

The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

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(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	230496
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	230496
<015>	Study Area Name	RANDOLPH MEMBERSHIP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Dee Lowe
<035>	Contact Telephone Number - Number of person identified in data line <030>	3368797929 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dlowe@rtelco.net

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Governmental Assistance

NC Lifeline Application

Randolph Telephone offers assistance through a federal program which is only available to residential customers who qualify. Customers must meet specific, pre-determined regulations in order to obtain local telephone assistance through Randolph Telephone. Qualifying is wholly dependent upon these guidelines and determined by the federal government.

Lifeline

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

The discount will be based on your receiving one of the following services: Work First or Temporary Assistance for Needy Families (TANF), previously known as AFDC, Supplemental Security Income (SSI), Food and Nutrition Services (FNS), formerly Food Stamps, Medicaid, Low Income Home Energy Assistance Program (LIHEAP), National School Lunch - Free Lunch Program or Federal Public Housing Assistance or Section 8 Housing Assistance. Some carriers may not call the service "lifeline" but it would be based on your receipt of one of these programs. You must choose only one carrier from which to receive this Lifeline assistance.

Consumers can also qualify based on income. If your household income is at or below 135% of the Federal Poverty Guidelines.

For more information, please call our Customer Care Center at 336-879-5684, or e-mail us at csrep@rtmc.net.

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3733 Old Cox Road Asheboro, NC 27205 Phone: (336) 879-5684 or (336) 622-7900
Email: csrep@rtmc.net

Need Help Paying Your Phone Bill?

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What is Lifeline?

Lifeline is a government benefit program supported by the Universal Service Fund that provides a discount on phone service for qualifying low-income consumers. Lifeline helps ensure that eligible consumers have the opportunities and security that phone service brings, including being able to connect to jobs, family, and emergency services.

Who Qualifies?

The Lifeline program is available to eligible low-income consumers in every state, territory, commonwealth, and on Tribal lands. Consumers with proper proof of eligibility may be qualified to enroll. To participate in the program, consumers must have an income that is at or below 135% of the federal Poverty Guidelines or participate in a qualifying state, federal or Tribal assistance program. These programs are:

- Medicaid
- Food and Nutrition Services (Food Stamps or FNS)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (Section 8)
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program's Free Lunch Program

Federal rules prohibit eligible low-income consumers from receiving more than one Lifeline discount per household. An eligible consumer may receive a discount on either a wireline or wireless service, but not both. A consumer whose household currently is receiving more than one Lifeline service must select a single Lifeline provider and contact the other provider to de-enroll from their program. Consumers violating this rule may also be subject to criminal and/or civil penalties.

How to Apply for Lifeline?

If you do not have service and want to apply for Lifeline:

- Contact the local telephone company to place an application for service and fill out the Lifeline forms.
- Your service will be installed when your telephone company receives the approved form. At that time, the monthly Lifeline discount will begin. Your monthly Lifeline discount will begin only when the approved form has been received

Randolph Telephone Lifeline Application

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Please complete Sections 1, 2 and 3 below. You must provide proof of your eligibility along with this application.

SECTION 1 - Applicant Information

The Applicant is the person who has telephone service with the telephone company.

First Name*

Middle Name/Initial

Last Name*

Date of Birth*

Last 4-Digits of SSN*

Phone Number

Email Address

Residential Street Address (No PO Boxes)*

Unit #

City*

State*

Zip Code*

Is your residential address permanent?* ☐ Yes

☐ No

Mailing Address (if different)

Unit #

City

State

Zip Code

Eligible Person's Information. Only complete this part if the person who qualifies for Lifeline is not the Applicant.

First Name

Last Name

Date of Birth

Last 4-Digits of SSN

Relationship to Applicant

SECTION 2 - Eligibility Information

I certify that I, my dependent, or my household receives assistance from at least one of the programs listed below, or that my total household income is at or below 135% of the Federal Poverty Guidelines, and that I have provided proof of eligibility.*

2014 135% of the Federal Poverty Guidelines (annual household income before tax)

1 person up to \$15,755 per year 2 people up to \$21,236 3 people up to 26,717 4 people up to \$32,198 5 or more people - add \$5,481 for each extra person

Select only one

☐ Federal Public Housing Assistance or Section 8

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Low Income Home Energy Assistance Program (LIHEAP)

☐ Supplemental Security Income (SSI)

☐ Medicaid

☐ Temporary Assistance For Needy Families (TANF)

☐ National School Lunch free lunch program

☐ Total Household Income at or below 135% of the Federal Poverty Guidelines

If you checked **Total Household Income** above, provide the number of people in your household.

SECTION 3 - Certification

By checking each box below, I certify, under penalty of perjury, that*:

☐ My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.

☐ I understand that I must notify the telephone company within 30 days if: (1) I move to a new address, (2) I, or the eligible person in my household, no longer meets the program or income eligibility criteria, (3) my household receives more than one Lifeline discounted telephone, or (4) my household, for any reason, no longer meets the criteria to receive Lifeline support, and that I may be penalized for failing to make the above notifications.

☐ I give the telephone company permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.

By signing below, I certify, under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.

Signature*

Date*

Send the completed form and proof of eligibility to:

MAIL: Randolph Telephone 3733 Old Cox Rd Asheboro, NC 27205 EMAIL: csrep@rtmc.net FAX: 336-879-2100

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on one wireless OR one home telephone, but not both. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

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Randolph Telephone Aplicación Lifeline

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Por favor, complete las secciones 1, 2 y 3 a continuación. Usted debe proporcionar prueba de su elegibilidad, junto con esta solicitud.

SECCIÓN 1 - Información del Solicitante

El solicitante es la persona que tiene el servicio telefónico con la compañía telefónica.

Nombre del Solicitante*

Segundo Nombre o Inicial

Apellido*

Fecha de Nacimiento*

Últimos 4 Dígitos del Número de Seguro Social*

Número de Teléfono

Dirección de Correo Electrónico

Dirección Residencial - Calle (No PO Box)*

Apartamento #

Ciudad*

Estado*

Código Postal*

¿Es tu dirección de residencia permanente?* ☐ Sí
☐ No

Dirección Postal (si es diferente)

Apartamento #

Ciudad

Estado

Código Postal

Información de la Persona Elegible. Sólo completar esta parte si la persona que califica para Lifeline no es el solicitante.

Nombre de Pila

Apellido

Fecha de Nacimiento

Últimos 4 dígitos del SSN

Relación con Solicitante

SECCIÓN 2 - Información de Elegibilidad

Certifico que, a mi cargo, o mi familia recibe asistencia de al menos uno de los programas enumerados a continuación, o que mi ingreso total del hogar es igual o inferior a 135% del nivel federal de pobreza y que he proporcionado una prueba de elegibilidad.*

2014 135% de las Pautas Federales de Pobreza (ingreso anual antes de impuestos)

1 persona hasta \$15,755 2 personas hasta \$21,236 3 personas hasta 26,717 4 personas hasta \$32,198 5 o más personas - añadir \$5,481 por cada persona

Seleccione sólo una

☐ Asistencia para Vivienda Pública Federal / Sección 8

☐ Programa de Asistencia para Energía para Hogares de Bajos Ingresos (LIHEAP)

☐ Programa Escolar Nacional para almuerzos gratis

☐ Ingreso Total en o por debajo del 135% del nivel Federal de Pobreza

☐ Programa de Cupones (SNAP)

☐ Medicaid

☐ Ingreso Suplementario de Seguridad (SSI)

☐ Asistencia Temporal a Familias Necesitadas (TANF)

Si marcó Ingreso Total del Hogar, proporcione el número de personas en su hogar.

SECTION 3 - Certification

Yo certifico, bajo pena de perjurio, que:*

☐ Mi familia recibe solo uno beneficio de Lifeline, y lo mejor de mi conocimiento, nadie en mi familia recibe Lifeline de otra compañía telefónica.

☐ Entiendo que debo notificar a compañía teléfono dentro de 30 días si: (1) me mudo a una nueva dirección, (2) yo, o la persona elegible en mi casa, deja de participar en el programa de calificación marcada arriba o mi ingreso familiar supera el 135% de las pautas federales de pobreza, mi familia recibe más de un teléfono con descuento Lifeline, o mi hogar, por cualquier razón, ya no cumple los criterios para recibir asistencia de Lifeline.

☐ Doy permiso para liberar a la Universal Service Administrative Company (USAC) o su agente de cualquier registro requerido para confirmar que mi hogar sólo recibe un beneficio Lifeline la compañía telefónica. Si USAC encuentra que mi familia recibe más de un beneficio Lifeline, USAC notificará a las compañías telefónicas, y voy a tener que seleccionar un servicio y voy a estar a inscribir des de la otra.

Al firmar abajo, Yo certifico bajo pena de perjurio, que la información anterior es verdadera a lo mejor de mi conocimiento. Entiendo que Lifeline es un programa de gobierno y que pueden ser castigados si a sabiendas proporcione información falsa o falsa para recibir Lifeline. El castigo puede incluir el ser multado, encarcelado, o excluido del programa de Lifeline.

Firma*

Fecha*

Envíe el completado el aplicación y la prueba de elegibilidad a:

Randolph Telephone 3733 Old Cox Rd, Asheboro, NC 27205 FAX: 336-879-2100 Email: csrep@rtmc.net

Lifeline es un beneficio federal que hace que el servicio telefónico mensual más asequible para las hogares elegibles. Su hogar puede recibir Lifeline en un móvil o un teléfono de su hogar, pero no ambos. No está permitido que un hogar reciba el beneficio Lifeline de múltiples proveedores. Un hogar se define como cualquier individuo o grupo de individuos que viven juntos en la misma dirección y comparten sus ingresos y gastos. Usted no puede transferir su descuento de Lifeline a otra persona, incluso si él o ella es elegible. Puede perder el beneficio de Lifeline y pueden ser procesados por el gobierno de Estados Unidos si usted viola la regla de "one-per-household" o hacer declaraciones falsas para recibir Lifeline.

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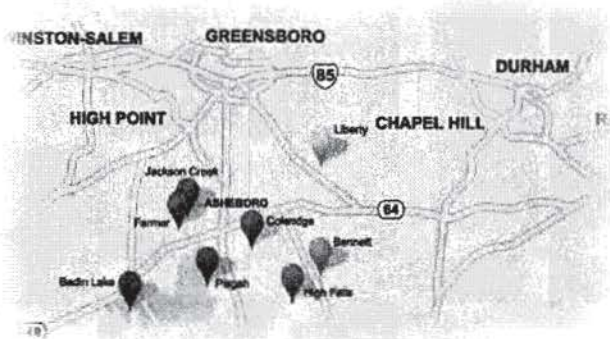
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Local Residential Service



Basic Local Exchange (Telephone) Service Per Month

We currently serve customers in eight exchanges:

Badin Lake (461)	\$14.00	Order Now
Bennett (581)	\$14.00	Order Now
Coleridge (879)	\$14.00	Order Now
Farmer (857)	\$14.00	Order Now
High Falls (464)	\$14.00	Order Now
Jackson Creek (241)	\$14.50	Order Now
Liberty (622)	\$14.00	Order Now
Pisgah (381)	\$14.00	Order Now

*Prices include unlimited local calling. Prices do not include 911, relay surcharge, or FCC access charges. New accounts are subject to installation charges and membership fees.

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RANDOLPH TELEPHONE MEMBERSHIP CORP. (SAC 230496)

ATTACHMENT - LINE 3026

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